Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?:: NO

Computer Readable

Form (CRF)?:: NO

Number of copies of CRF:: 0

Title:: METHOD OF ENHANCING AN IMMUNE RESPONSE

Attorney Docket Number:: 7685-41

Request for Early

Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 41

Small Entity?:: Yes

Latin Name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: WILFRED

Middle Name:: ARTHUR

Family Name:: JEFFERIES

Name Suffix::

City of Residence:: Surrey

State or Prov. Of

Residence:: British Columbia

Country of Residence:: CANADA

Street of mailing address:: 12596 23rd Avenue

City of mailing address:: Surrey

State or Province of

mailing address:: British Columbia

Country of mailing address:: CANADA

Postal or Zip Code of

mailing address:: V4A 2V5

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: QIAN-JIN

Middle Name::

Family Name:: ZHANG

Name Suffix::

City of Residence:: Richmond

State or Prov. Of

Residence:: British Columbia

Country of Residence:: CANADA

Street of mailing address:: 9411 Williams Road

City of mailing address:: Richmond

State or Province of

mailing address:: British Columbia

Country of mailing address:: CANADA

Postal or Zip Code of

mailing address:: V7A 1G8

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: SUSAN

Middle Name:: SHU-PING

Family Name:: CHEN

Name Suffix::

City of Residence:: Vancouver

State or Prov. Of

Residence:: British Columbia

Country of Residence:: CANADA

Street of mailing address:: 7372 Maple Street

City of mailing address:: Vancouver

State or Province of

mailing address:: British Columbia

Country of mailing address:: CANADA

Postal or Zip Code of

mailing address:: V6P 5P7

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: JUDIE

Middle Name:: BARBARA

Family Name:: ALIMONTI

Name Suffix::

City of Residence:: Winnipeg

State or Prov. Of

Residence:: Manitoba

Country of Residence:: CANADA



Street of mailing address::

316-1730 St. Mary's Road

City of mailing address::

Winnipeg

State or Province of

mailing address::

Manitoba

Country of mailing address::

CANADA

Postal or Zip Code of

mailing address::

R2N 1G8

Correspondence Information

Correspondence Customer

Number::

001059

Phone Number::

(416) 364-7311

Fax Number::

(416) 361-1398

E-Mail Address::

mgravelle@bereskinparr.com

Representative Information

Representative

Customer Number::

001059

Domestic Priority Information

Application::

Continuity Type::

Parent

Parent Filing

Continuation-in-part 08/817,731

Application::

Date::

This application 08/817,731

371 of

PCT/CA95/00544

07/21/97 09/22/95

PCT/CA95/00544

Continuation-in-part 08/311,442

09/23/94

Foreign Priority Applications

Country::

Application Number::

Filing Date::

Priority Claimed

Assignee Information

Assignee name:: The University of British Columbia

Street of mailing address:: Room 331-I.R.C. Building

City of mailing address:: Vancouver

State or Province of mailing address:: British Columbia

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: V6T 1Z3